

**CANCER DRUG REPOSITORY PROGRAM
RECIPIENT RECORD**

Completion of this form meets the requirements under Minnesota Statute 151.55 for dispensing or administering drugs and medical supplies to recipients who meet the eligibility requirements of the Cancer Drug Repository Program. This form must be maintained for at least five years.

Questions about completing this form may be directed to 651-201-2825.

RECIPIENT INFORMATION

Name -- Recipient (print or type)

Date Received

Name -- Medication or Medical Supply

Medication Strength

Expiration Date

Lot Number

Quantity Received

I certify that I am a Minnesota Resident and that I understand that the above named drug or supply I am receiving has been donated, may have been previously dispensed, and has potentially been stored in a non-controlled environment. I understand that a visual inspection has been conducted by the pharmacist or practitioner to ensure that the drug has not expired, has not been adulterated or misbranded and is in its original manufacturer's unopened packaging. I understand that the dispensing pharmacist, the administering practitioner, the cancer drug repository, the Board of Pharmacy, and any other participant of the cancer drug repository program cannot guarantee the safety of the drug or supply being dispensed or administered and that the pharmacist or practitioner has determined that the drug or supply is safe to dispense or administer **based on the accuracy of the donor's form submitted with the donated drug or supply** and the visual inspection required to be performed by the pharmacist or practitioner before dispensing or administering.

SIGNATURE -- Recipient

Date Signed